

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6142

CERTIFICATE OF DEATH

06141

Reg. Dist. No. 62

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE	
<i>Caroline</i> MARYLAND		<i>Maryland</i> <i>Caroline</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
<i>Denton</i>	<i>1 yr</i>	<i>Rural Goldsboro</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle
4. DATE OF DEATH		Month	Day
5. SEX		JUNE 14 1957	
6. COLOR OR RACE		6. COLOR OR RACE	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH	
9. AGE (In years lost birthday) yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Farm & Farmer</i>		<i>Farming</i>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Maryland</i>		<i>Ago</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>John W. Biddle</i>		<i>Angie Ford</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT	
		<i>Walter Biddle, Goldsboro, N.C.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>10 days</i>	
334X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		<i>Hemiplegia</i>	
DUE TO			
(b)		<i>Arterio sclerosis Generalized</i>	
DUE TO		<i>104 m</i>	
(c)		<i>Hypertension</i>	
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
450.0			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Dec</i> , 19 <i>56</i> , to <i>June 14</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>June 13</i> , 19 <i>57</i> , and that death occurred at <i>2pm</i> , M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state)	
ACTUAL SIGNATURE <i>Dawson O'George</i>		DATE SIGNED <i>6/15/57</i>	
PHYSICIAN'S NAME (Type) <i>Dawson O'George</i>			
22a. BURIAL, CREMATION, REMOVAL (SPECIFY)		22b. DATE THEREOF	
<i>Burial June 15, 1957</i>		<i>Temperville</i>	
22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town, or county) (State)	
<i>Temperville</i>		<i>Temperville, N.C.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE		24a. REC'D BY REGISTRAR	
<i>S. V. Moore & Son</i>		24b. REGISTRAR'S SIGNATURE	
		DATE <i>6/14/57</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the register prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
 15M 9/55

CERTIFICATE OF SERVICE

BUREAU X

JUN 18 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6143

CERTIFICATE OF DEATH

06142

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN TB Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X2 Federalsburg		d. STREET ADDRESS 1 307 East Central Avenue		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 307 East Central Avenue				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Corrine		First c	Middle Elizabeth	Last Covey	4. DATE OF DEATH May 12, 1879	Month June	Day 21	Year 19 57
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1879	9. AGE (In years less birthday) 78 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Satterfield				14. MOTHER'S MAIDEN NAME Martha Sullivan				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Miss M. Hilda Covey, Federalsburg, Maryland		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) Garcinoma uterus with DUE TO General metastasis. (c)						INTERVAL BETWEEN ONSET AND DEATH Dec 1936		
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Federalsburg, Maryland		(County) Caroline (State) Maryland
21. I certify that I attended the deceased from Dec. 22, 1936 , to June 21, 1957 , that I last saw the deceased alive on June 21, 1957 , and that death occurred at 9:15 PM , from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Federalsburg, Maryland DATE SIGNED 6-24-57		
ACTUAL SIGNATURE V. E. Lennon								
PHYSICIAN'S NAME (Type) V. E. Lennon, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 25, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery		22d. LOCATION (City, town, or county) Federalsburg, Maryland (State)		
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalsburg, Maryland		ADDRESS J. J. Frampton and Son, Federalsburg, Maryland		24a. REC'D BY REGISTRAR DATE 6-25-57		24b. REGISTRAR'S SIGNATURE Margaret H. Frampton		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tranit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

THE NATIONAL SECURITY AGENCY
CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
JUL 2 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06143

6144

CERTIFICATE OF DEATH

Reg. Dist. No.

60

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Henderson		c. LENGTH OF STAY IN 1b 5 Yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. NAME OF DECEASED (Type or print) Pearl		First McBeth	Middle Drake
g. SEX Female		h. COLOR OR RACE White	i. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
j. DATE OF BIRTH 3/5/1885		k. AGE (In years from birthday) 72 yrs.	
l. IF UNDER 1 YEAR Months Days		m. IF UNDER 24 HRS. Hours Min.	
n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		o. KIND OF BUSINESS OR INDUSTRY None	
p. BIRTHPLACE (State or foreign country) Nebraska		q. CITIZEN OF WHAT COUNTRY? U.S.A.	
r. FATHER'S NAME David McBeth		s. MOTHER'S MAIDEN NAME Dora Kroutch	
t. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		u. SOCIAL SECURITY NO. None	
v. INFORMANT Virgil Drake Goldsboro, Maryland		w. ADDRESS	
x. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)		y. INTERVAL BETWEEN ONSET AND DEATH DUE TO Cancer, impaction General debility & Polio Cancer, dyslipidemia	
z. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 434.3		aa. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
bb. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) cc. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 20. INJURY OCCURRED White Nat while at work at work		dd. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ee. (City or town) (County) (State)	
ff. I certify that I attended the deceased from <u>Jan 1</u> to <u>Jan 10</u> , 1957, that I last saw the deceased alive on <u>Jan 10</u> , 1957, and that death occurred at <u>M.D. 500</u> , from the causes and on the date stated above. gg. ACTUAL SIGNATURE hh. PHYSICIAN'S NAME (Type) i. J. E. Boulaes		jj. ADDRESS kk. DATE SIGNED ll. ADDRESS (Street, city or town, state) mm. DATE nn. DATE REC'D. BY REGISTRAR oo. REGISTRAR'S SIGNATURE pp. AL Smith	
pp. BURIAL, CREMATION, REMOVAL (Specify) Burial		qq. DATE THEREOF 6/13/57	
rr. NAME OF CEMETERY OR CREMATORIAL Greensboro		ss. LOCATION (City, town, or county) Greensboro, Maryland (State)	
tt. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaes Greensboro, Md.		uu. ADDRESS vv. REC'D. BY REGISTRAR DATE ww. REGISTRAR'S SIGNATURE xx. AL Smith	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

OPTIONAL FORM NO. 10 - MARCH 1958 EDITION
GSA GEN. REG. NO. 27

OPTIONAL FORM NO. 10 - MARCH 1958 EDITION
GSA GEN. REG. NO. 27

BUREAU V. S.

JUN 17 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06144

6145

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH a. COUNTY Caroline		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Maryland		c. LENGTH OF STAY IN 1b 5 Yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely x2	
3. NAME OF DECEASED (Type or print) John		d. STREET ADDRESS None	
4. DATE OF DEATH 6	Month 15	Day 19	Year 57
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	B. DATE OF BIRTH 7/12/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John Duckery		14. MOTHER'S MAIDEN NAME Josephine Hammonton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Katie Thomas Ridgely, Maryland
		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331X		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a); stating the under- lying cause last. (b) DUE TO Cerebral Hemorrhage			
(c) DUE TO Cerebral & General Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 452.0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Feb. 25, 1957 , to June 15, 1957 , that I last saw the deceased alive on June 15, 1957 , and that death occurred at 6 P.M. from the causes and on the date stated above. ACTUAL SIGNATURE Charles H. Stonesifer M.D.		ADDRESS (Street, city or town, state) Greensboro, Md. DATE SIGNED 6/16/57	
PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.		22d. LOCATION (City, town, or county) (State) Near Ridgely, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/20/57	22c. NAME OF CEMETERY OR CREMATORIAL Mission
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaire		ADDRESS Greensboro, Md.	24a. REC'D. BY REGISTRAR DATE 6/16/57
			24b. REGISTRAR'S SIGNATURE acsmith

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

JUN 25 1967

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06145

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg - Rural		c. LENGTH OF STAY IN lb Life		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Near Union Grove		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg - Rural		
3. NAME OF DECEASED (Type or print) Philip		First Middle Last	4. DATE OF DEATH June 18 Day Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH May 29, 1912	
9. AGE (In years last birthday) 45 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Gustav C. Frase		
14. MOTHER'S MAIDEN NAME Augusta M. Hinz		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Philip O. Frase, Federalsburg, Md., RFD		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) 420.1 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		Address Coronary Aclusione Hypertension 2 gr. INTERVAL BETWEEN ONSET AND DEATH Died		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 444X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 19		20f. (City or town) (County) (State)		
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .				
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 6/19/57	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF June 21, 1957	22c. NAME OF CEMETERY OR CREMATORIUM Junior Order Cemetery	22d. LOCATION (City, town, or county) Linchester, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		ADDRESS	24a. REC'D BY REGISTRAR DATE 6-20-57	24b. REGISTRAR'S SIGNATURE Cornelius Plummer

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in block in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to removal, or removal.

WISCONSIN STATE CONVENTION DEPARTMENT - MILWAUKEE, WI
WISCONSIN STATE CONVENTION DEPARTMENT - MILWAUKEE, WI

BUREAU V. S

JUN 24 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06146

6147

CERTIFICATE OF DEATH

Reg. Dist. No. 67

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) <i>Maryland</i>		b. COUNTY <i>Caroline</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Benton</i>		c. LENGTH OF STAY IN 1b <i>life</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Benton</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First <i>ADA</i>	Middle <i>PEARL</i>	Last <i>HARRISON</i>	4. DATE OF DEATH Month <i>June</i>	Day <i>1</i>	Year <i>1957</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>NOV 12, 1891</i>	9. AGE (In years at birthday) <i>65</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS Days <i>0</i>	12. IF UNDER 24 HRS Hours <i>0</i>	13. IF UNDER 24 HRS Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stayed at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13. FATHER'S NAME <i>Eli J. Garrison</i>	14. MOTHER'S MAIDEN NAME <i>Ellen Stutzman</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mr. Elmer Garrison, Blue Ridge, Pa.</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Carcinoma Ovary</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 mo</i>
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
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20c. TIME OF INJURY Hour o. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
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21. I certify that I attended the deceased from <i>June 19, 1935</i> , to <i>June 1, 1957</i> , that I last saw the deceased alive on <i>May 31, 1957</i> , and that death occurred at <i>12:30 A.M.</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state)	DATE SIGNED <i>6-3-57</i>
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ACTUAL SIGNATURE <i>E. Paul Knott</i>	M.D.	Denton, Md
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PHYSICIAN'S NAME (Type) <i>E. Paul Knott M.D.</i>

22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>January 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Denton</i>	22d. LOCATION (City, town, or county) (State) <i>Denton, Md.</i>
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23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Moorehead, Denton, Md.</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE <i>6/4/57</i>	24b. REGISTRAR'S SIGNATURE <i>Wm. D. George</i>
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVE

UN 10 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6148

CERTIFICATE OF DEATH

06147

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Greensboro		c. LENGTH OF STAY IN b 4 Yrs.		b. COUNTY Caroline				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Addie		First C.	Middle Jackson	Last /	4. DATE OF DEATH 5	Month C	Day 19	Year 7
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 12/23/1880	9. AGE (In years last birthday) 76 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Cohee			14. MOTHER'S MAIDEN NAME Margaret Woollers			Address		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-24-4398		17. INFORMANT Robertta Legett Greensboro, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 20.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Arteriosclerotic Cardiovascular Disease						INTERVAL BETWEEN ONSET AND DEATH		
(b) DUE TO Arteriosclerotic Cardiovascular Disease with hypertension								
(c) DUE TO Coronary Disease								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 22.1X			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Greensboro	20f. (City or town) Greensboro	(County) (State) Greensboro, Md. Md.
21. I certify that I attended the deceased from Feb. 18, 1957, to June 9, 1957, that I last saw the deceased alive on June 9, 1957, and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Greensboro, Md. DATE SIGNED 6/10/57								
ACTUAL SIGNATURE Charles H. Stonesifer, M.D.								
PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) 11		22b. DATE THEREOF 7/12/57		22c. NAME OF CEMETERY OR CREMATORIAL Greensboro		22d. LOCATION (City, town, or county) Greensboro, Maryland (State)		
23. FUNERAL DIRECTOR'S SIGNATURE F. E. Boultbee		ADDRESS Greensboro, Md.		24a. REC'D BY REGISTRAR DATE 4/12/57		24b. REGISTRAR'S SIGNATURE L. M. Lippin		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6149

CERTIFICATE OF DEATH

Reg. Dist. No. 17294
M

1. PLACE OF DEATH a. COUNTY Maryland		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE b. COUNTY S. Cal.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Goldshoro	c. LENGTH OF STAY IN lb 75 Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X2 Goldshoro	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None	e. STREET ADDRESS None	d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Anne	First D.	Middle	Last
4. DATE OF DEATH 7/10/57	Month	Day	Year 19 57
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/22/1882
9. AGE (In years last birthday) 75 yrs.	10. IF UNDER 1 YEAR OR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David S. Smith		14. MOTHER'S MAIDEN NAME Sarah E. Conner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 2118	
17. INFORMANT E.S. Wills		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cerebral Hemorrhage with hemiplegia 44281		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Cardiovascular Dis. DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Apr. 10, 1957, to June 30, 1957, that I last saw the deceased alive on June 29, 1957, and that death occurred at 11 M., from the causes and on the date stated above. ACTUAL SIGNATURE Charles H. Stoenesifer, M.D.		ADDRESS (Street, city or town, state) Greensboro, Md. DATE SIGNED 7/1/57	
PHYSICIAN'S NAME (Type) Charles H. Stoenesifer, M.D.			
22a. BURIAL, CREMATION, REMOVAL, (Specify) 7/3/57	22b. DATE THEREOF 7/3/57	22c. NAME OF CEMETERY OR CREMATORIUM S. Cal. ORO	22d. LOCATION (City, town, or county) S. Cal. ORO (State)
23. FUNERAL DIRECTOR'S SIGNATURE F. E. Boekair		ADDRESS Greensboro, Md.	24a. REC'D BY REGISTRAR DATE 7/3/57
			24b. REGISTRAR'S SIGNATURE A. Smith

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06148
Dist. No. 62

6150

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Caroline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Rural Denton</i>		c. LENGTH OF STAY IN 16 <i>1 day</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS <i>St. Louis</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First <i>EDITH</i>	Middle <i>BLANCHE</i>
4. DATE OF DEATH		Month <i>JUNE</i>	Day <i>20</i>
5. SEX <i>F</i>		Year <i>1957</i>	
6. COLOR OR RACE <i>W</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <i>MAY 23, 1885</i>		9. AGE (In years last birthday) <i>72 yrs.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>MISSOURI</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>JOHN S. CLARK</i>		14. MOTHER'S MAIDEN NAME <i>NANCY L. WILDER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT <i>DUDLEY C. HIGGINSON</i>		Address <i>8405 HAWTHORN BLVD ST LOUIS MO.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocarditis Acute</i> DUE TO <i>few minutes</i> Conditions, if any, which gave rise to immediate cause (b) _____ (a), stating the underlying cause last. DUE TO _____ (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>Dawson O. George</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED <i>6/21/57</i>
EXAMINER'S NAME (Type) <i>Dawson O. George</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	22b. DATE THEREOF <i>June 25, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Rockford ill</i>	22d. LOCATION (City, town, or county) (State) <i>Rockford Illinois</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Virgil Moore Son Denton, Ill.</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE <i>6/21/57</i>	24b. REGISTRAR'S SIGNATURE <i>Mm DO George</i>

BUREAU V. S.

1957

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
TO FUNERAL DIRECTOR: OR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 will be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										Reg. Dist. No. 64	06149	
6151 CERTIFICATE OF DEATH												
1. PLACE OF DEATH a. COUNTY Caroline					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND					b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton - Rural			c. LENGTH OF STAY IN 1b Life			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X/ Denton - Rural						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near Williston					d. STREET ADDRESS / Near Williston					e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Robert	Middle Walter	Last Thomas	4. DATE OF DEATH J. Month June 21		Day 1957	Year				
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH May 14, 1879		9. AGE (In years less than birthday) 79 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Hours 0				
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm			11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME No data available					14. MOTHER'S MAIDEN NAME No data available							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] No			16. SOCIAL SECURITY NO. None			17. INFORMANT Gilbert Thomas, Denton, Md., R.F.D.			Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic, Hypertensive Heart Disease. 9 yr												
4443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) General Arterial sclerosis										10 yr		
DUE TO (c)												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Acute gastro-enteritis 3 days										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 5711									
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)						
21. I certify that I attended the deceased from Oct 11 , 19 47 , to June 21 , 19 57 , that I last saw the deceased alive on June 20 , 19 57 , and that death occurred at 12:50 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Elton Knotts ACTUAL SIGNATURE E. Paul Knotts M.D.										DATE SIGNED		
PHYSICIAN'S NAME (Type) E. Paul Knotts M.D.										Denton, Md.		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 24, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery			22d. LOCATION (City, town, or county) Federalsburg, Maryland			(State)		
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland										ADDRESS DATE 6-24-57		
24a. REC'D BY REGISTRAR DATE 6-24-57										24b. REGISTRAR'S SIGNATURE Margaret H. Frampton		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6152

CERTIFICATE OF DEATH

06150

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Md. b. COUNTY Caroline				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D.		c. LENGTH OF STAY IN lb full life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Smithville) Federalsburg, R.F.D.				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION none				d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Robert	Middle Edgell	Last Wright	4. DATE OF DEATH June 3, 1957	Month June	Day 3	Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 10, 1892	9. AGE (In years last birthday) 65 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer			10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Frank H. Wright				14. MOTHER'S MAIDEN NAME Wilhelmina Edgell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 217-36-0360	17. INFORMANT Mrs. R. E. Wright	Address Federalsburg, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 156.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> INTERVAL BETWEEN ONSET AND DEATH 8 mo								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from Jan 17, 1957 to June 3, 1957 , that I last saw the deceased alive on June 2, 1957 , and that death occurred at 4 PM , from the causes and on the date stated above. ACTUAL SIGNATURE E. Paul Knotts		ADDRESS (Street, city or town, state) Benton Md. DATE SIGNED 6/6/57						
PHYSICIAN'S NAME (Type) E. Paul Knotts, M. D.								
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF June 6, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Bloomery Cem.		22d. LOCATION (City, town, or county) Federalsburg R.F.D. (State)		
23. FUNERAL DIRECTOR'S SIGNATURE Harold Miller		ADDRESS Federalsburg, Md.		24a. REC'D BY REGISTRAR DATE 6/6/57			24b. REGISTRAR'S SIGNATURE Everett Nettle, Deputy	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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BUREAU V. S.

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